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MAResign

COVER LETTER

TO:	Amendment Section Division of Corporations
SHR	JECT: Santander Coral Gables Condominium Association, Inc.
301)	(Name of Corporation)
DOC	UMENT NUMBER: N15000004659
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
Fran	ık Silva, Esq.
	(Name of Person)
Sant	ander Coral Gables Condominium Association
	(Name of Firm/Company)
201	Sevilla Avenue, Suite 300
	(Address)
Cora	ıl Gables, FL 33134
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Fran	nk Silva, Esq. 786 \ 437-8658
	(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)
Enclo or \$3	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amer Divis Clifto 2661	t Address: Independent Section Identify

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	s 607.0502(2), 617.0502(2), 607.1509), or 617.1509,
Florida Statutes, the undersigned, F	rank Silva, Esq.	
	(Name of Registered Age	ent)
hereby resigns as Registered Agent for	Santander Coral Gables Condo	minium Association, ∡. c.
nereby resigns as registered regent it	(Name of Corporation)
N15000004659		
(Document Number, if known)		
A copy of this resignation was mailed	d to the above listed corporation at its	last known address.
The agency is terminated and the offithis statement is filed.	ce discontinued on the 31st day after (Signapure of Besigning Agent)	the date on which
If signing on behalf of an entity:		18 NOV
	N/A	V P
	(Typed or Printed Name)	
	N/A	
	(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314